

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/583753

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		2				
4		(1)				
5		(1)				
6		(1)				
7		(1)				
8		(1)				
9		(1)				
10		(1)				
11		(1)				
12		(1)				
13		(1)				
14		(1)				
15		(1)				
16		(1)				
17		(1)				
18		(1)				
19	1					
20		1				
21		2				
22		(1)				
23		(1)				
24		(1)				
25		(1)				
26		(1)				
27		(1)				
28		(1)				
29		(1)				
30	1					
31		1				
32		2				
33		(1)				
34		(1)				
35	1					
36		1				
37		(1)				
38		(1)				
39		(1)				
40		(1)				
41	1					
42		1				
43		2				
44		(1)				
45		(1)				
46		(1)				
47		(1)				
48		(1)				
49	1					
50		1				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		2				
52		(1)				
53		(1)				
54		(1)				
55		(1)				
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96						
97						
98						
99						
100						
TOTAL IND.	7	↓		↓		↓
TOTAL DEP.	53	←		←		←
TOTAL CLAIMS	60					